MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10020004	
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	(						51		(				
2		)					52		(				
3		)					53		(				
4		(					54		(				
5		)					55		(				
6		)					56		(				
7		)					57		(				
8		(					58		(				
9		)					59		(				
10		)					60		(				
11		)					61		(				
12		)					62		)				
13		)					63		(				
14		)					64		)				
15		(					65		)				
16		)					66		)				
17		)	·				67		)				
18		)					68		)				
19		)					69		)				
20		)					70		(			·	
21		)					71		)				
22		)					72		)				·
23		)					73	)	+				
24		(					74		)				
25		(					75	(					
26		)					76	(					
27		)					77		)				
28		)					78		)				
29		)					79	(					
30		)					80	)					
31		)					81	)					
32		)					82	/					
33		)					83	/					
34		(					84		)				
35		)					85		)				
36		)					86		)				
37		)					87		)				
38		)					88		)				
39		)					89		)				
40		)					90		)			/	
41		)					91		)				
42		)					92	)	+				
43		)					93	)					
44		)					94		)				
45		)					95		)				
46		)					96		)				
47		(					97		)				
48		)					98		)				
49		(					99		)				
50		(					100		)				
TOTAL IND.	↓	←	↓	←	↓	←	TOTAL IND.	↓	←	↓	←	↓	←
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS